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**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
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COMMISSIONER, DIVISION OF  
PROFESSIONAL LICENSURE

# Recreational Tramway Board

## Application for Certification

*Pursuant to 526 CMR 10.03, individuals seeking certification by the Recreational Tramway Board must demonstrate professional competency and knowledge of the laws, rules and regulations by either 1) passing a practical and/or oral examination, or 2) possessing 5 years experience in the area of requested certification, or 3) having inspected a least 50 tramways in the area of requested certification, or 4) by holding a certification from an organization deemed acceptable by the Board.*

*All licenses are valid for a period of one year and expire on December 31<sup>st</sup> of each year.*

Please check which area of certification you are requesting:

- |                                            |                                                           |
|--------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Tramway Inspector | <input type="checkbox"/> Wire Rope Inspector              |
| <input type="checkbox"/> Wire Rope Splicer | <input type="checkbox"/> Non Destructive Testing Examiner |

Please check the method in which you are requesting certification:

- |                                                |                                                                      |
|------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> By Examination        | <input type="checkbox"/> Five years Experience                       |
| <input type="checkbox"/> Number of Inspections | <input type="checkbox"/> Certification from an Industry Organization |

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

